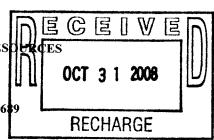
ARIZONA DEPARTMENT OF WATER RES

Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



FOR OFFICE USE ONLY

Application No.: 14-586724.0009

Date Received: _10-31

APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

APPLICATION FEE OR 50:00 DER WELL FOR THE 1ST 10 WELLS PLUS 10:00 PER WELL THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, ARE DUE PRIOR TO ISSUANCE OF PERMIT.

A	REDUE FRIOR TO ISSUANCE OF PERMIT.
PL CO	EASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE DMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.
1.	Mailing Address City State Zip Contact Person Telephone 180.503.6840 Fax 480.503.6405
2.	Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located
3.	Name of the owner(s) of the land where wellsites are located Libert + foliuston Farms, LLC Mailing Address Tour q Hubert - address above
4.	(If more than one owner, attach a list showing corresponding/land owner and well registration number(s)). Legal description of the land where water will be used
5.	The recovered water will be used for Landscape watering
1	Page 1 of 3 (Revised 3/23/2006) Page 1 of 3 (Revised 3/23/2006) 85236

6.	The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 3-564416
	or long-term storage account number. 44/14/3

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: 1/4,1/4,1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
Johnston Barms LLC Silbert	605968 217084	D(1-6)22CDD D(1-6)12DBB	350 750	1104 550	20 12	200	1950 2008

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: 1/4,1/4,1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well
			-				

	()			
I(We), Kathy fall	, the ap	plicant(s) name	d in this application	n, do hereby certify under
the penalty of perjury, that the information belief true, correct and complete.	contained and stater	ments made here	ein are to the best o	f my (our) knowledge and
4805036840	Kat	her-K		
Telephone S	ignature of owner or	r authorized age	nt	
<u>. (</u>	vater Re	20urces	a Snin	istrator
525 N Lindsay	itle Rd Mi	lbeit	AZ	86)34
Mailing Address	City		State	Zip Zip
STATE OF ARIZONA)			
County of MARICOPCE)) ss.			
Subscribed and sworn to before me this_	23 day of	October	<u>e</u> ,20 <u>08</u> .	
Betty Ybana				
Notary Publid		-		_
privay 9th 2012			Betty Ybarra otary Public - Arizona Maricopa County Commission Expires	
My commission expires:			January 9, 2012	•